

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/586,732</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">7-21-06</div>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1									
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TOTAL IND.	2	↓		↓		↓				
TOTAL DEP.	6	←		←		←				
TOTAL CLAIMS	8									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT					
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TOTAL IND.		↓		↓		↓				
TOTAL DEP.		←		←		←				
TOTAL CLAIMS										